



PTO/SB/21 (09-06)

Approved for use through 03/31/2007. OMB 0651-0031  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Howley  
FLW

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## TRANSMITTAL FORM

*(to be used for all correspondence after initial filing)*

Total Number of Pages in This Submission

Application Number	10/003,211-Conf. #6970
Filing Date	October 31, 2001
First Named Inventor	Jeffrey L. BROWNING
Art Unit	1642
Examiner Name	C. H. Yaen
Attorney Docket Number	BGNA013CN

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Receipt Postcard PTO form SB/08 Certificate of Mailing
Remarks		

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	LAHIVE & COCKFIELD, LLP		
Signature			
Printed name	Cristin E. Howley, Ph.D.		
Date	January 25, 2007	Reg. No.	55,281

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: January 25, 2007

Signature:

(Cristin E. Howley, Ph.D.)



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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

## FEE TRANSMITTAL For FY 2006

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT	(\$)	180.00
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TOTAL AMOUNT OF PAYMENT	(\$)	180.00	Attorney Docket No.	BGNA013CN
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### Complete if Known

Application Number	10/003,211-Conf. #6970
Filing Date	October 31, 2001
First Named Inventor	Jeffrey L. BROWNING
Examiner Name	C. H. Yaen
Art Unit	1642

### METHOD OF PAYMENT (check all that apply)

Check    Credit Card    Money Order    None    Other (please identify): \_\_\_\_\_  
 Deposit Account   Deposit Account Number: 12-0080   Deposit Account Name: Lahive & Cockfield, LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

### FEE CALCULATION

#### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

#### 2. EXCESS CLAIM FEES

##### Fee Description

Each claim over 20 (including Reissues)

<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>
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50      25

Each independent claim over 3 (including Reissues)

200      100

Multiple dependent claims

360      180

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>

<u>Multiple Dependent Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>

HP = highest number of total claims paid for, if greater than 20.

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>

<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>

HP = highest number of independent claims paid for, if greater than 3.

#### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>

  - 100 =      /50      (round up to a whole number) x      =     

Fees Paid (\$)

#### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1806 Submission of an Information Disclosure Statement      180.00

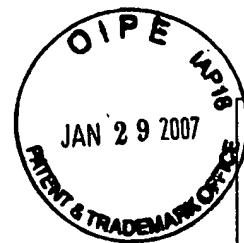
#### SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	55,281	Telephone	(617) 227-7400
Name (Print/Type)	Cristin E. Howley, Ph.D.	Date	January 25, 2007		

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22313-1450.

Dated: January 25, 2007

Signature:

(Cristin E. Howley, P.D.)

Docket No.: BGNA013CN  
(PATENT)

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:  
Jeffrey L. Browning *et al.*

Application No.: 10/003,211

Confirmation No.: 6970

Filed: October 31, 2001

Art Unit: 1642

For: SOLUBLE LYMPHOTOXIN-BETA  
RECEPTORS AS THERAPEUTIC AGENTS  
FOR THE TREATMENT OF SYSTEMIC  
LUPUS ERYTHEMATOSIS (AS  
AMENDED)

Examiner: C. H. Yaen

MS Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

### SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT (SIDS)

Dear Sir:

In accordance with 37 CFR 1.97, Applicants hereby make of record the following additional documents. A PTO Form SB/08 accompanies this statement.

Applicants have not submitted a copy of the cited U.S. patent in accordance with 37 CFR 1.98(a)(2)(ii).

This statement is not to be interpreted as a representation that the cited document is material, that an exhaustive search has been conducted, or that no other relevant information exists. Nor shall the citation of the document herein be construed *per se* as a representation that such document is prior art. Moreover, Applicants understand the Examiner will make an independent evaluation of the cited document.

This Information Disclosure Statement is filed more than three months after the U.S. filing date, after the mailing date of the first Office Action on the merits, but before the mailing date of a Final Office Action or Notice of Allowance (37 CFR 1.97(c)).

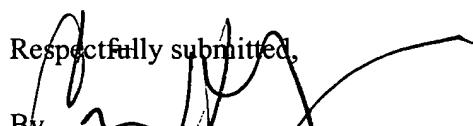
Please charge our Deposit Account No. 12-0080 in the amount of \$180.00 covering the fee set forth in 37 CFR 1.17(p). The Director is hereby authorized to charge any deficiency in the fees filed, asserted to be filed or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Deposit Account No. 12-0080, under Order No. BGN-A013CN.

Dated: January 25, 2007

CEH/JGS/mch

Respectfully submitted,

By

  
Cristin E. Howley, Ph.D.

Registration No.: 55,281

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PTO/SB/08A/B (09-06)

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Substitute for form 1449/PTO				Complete if Known	
				Application Number	10/003,211-Conf. #6970
				Filing Date	October 31, 2001
				First Named Inventor	Jeffrey L. BROWNING
				Art Unit	1642
				Examiner Name	C. H. Yaen
Sheet	1	of	1	Attorney Docket Number	BGNA013CN

U.S. PATENT DOCUMENTS					
Examiner Initials*	Cite No. <sup>1</sup>	Document Number	Publication Date	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		Number-Kind Code <sup>2</sup> (if known)	MM-DD-YYYY		
A1*	US-6,403,087		06-11-2002	Browning et al.	

FOREIGN PATENT DOCUMENTS					
Examiner Initials*	Cite No. <sup>1</sup>	Foreign Patent Document	Publication Date	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		Country Code <sup>3</sup> -Number <sup>4</sup> -Kind Code <sup>5</sup> (if known)	MM-DD-YYYY		
					T <sup>6</sup>

\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. \* CITE NO.: Those application(s) which are marked with an single asterisk (\*) next to the Cite No. are not supplied (under 37 CFR 1.98(a)(2)(iii)) because that application was filed after June 30, 2003 or is available in the IFW. <sup>1</sup> Applicant's unique citation designation number (optional). <sup>2</sup> See Kinds Codes of USPTO Patent Documents at [www.uspto.gov](http://www.uspto.gov) or MPEP 901.04. <sup>3</sup> Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). <sup>4</sup> For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. <sup>5</sup> Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST.16 if possible. <sup>6</sup> Applicant is to place a check mark here if English language Translation is attached.

NON PATENT LITERATURE DOCUMENTS					
Examiner Initials	Cite No. <sup>1</sup>	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.			T <sup>2</sup>

\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

<sup>1</sup>Applicant's unique citation designation number (optional). <sup>2</sup>Applicant is to place a check mark here if English language Translation is attached.

Examiner Signature	Date Considered
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PTO/SB/92 (09-06)

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Application No. (if known): 10/003,211

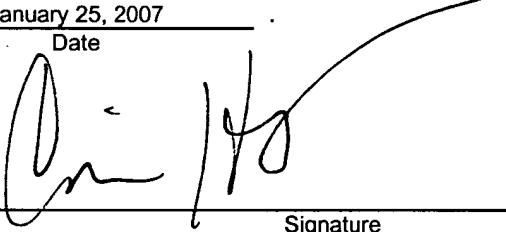
Attorney Docket No.: BGNA013CN

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on January 25, 2007  
Date

  
Signature

Cristin E. Howley, Ph.D.

Typed or printed name of person signing Certificate

55,281  
Registration Number, if applicable

(617) 227-7400  
Telephone Number

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Transmittal (1 page)  
Fee Transmittal (1 page, in duplicate)  
Supplemental Information Disclosure Statement (2 pages)  
PTO form SB/08 (1 Reference) (1 page)